

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL <div style="font-size: 1.2em; font-family: cursive;">09,558,350</div>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2							52				
3		2		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
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12		1		1			62				
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18		1		1			68				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	18		17				TOTAL IND.				
TOTAL DEP.		18		17			TOTAL DEP.				
TOTAL CLAIMS	18		17				TOTAL CLAIMS				

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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